

MHA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

Walter Sloan

CASE NUMBER: 07 C 7038

V.

ASSIGNED JUDGE: John W. Darrah

Village of Hickory Hills

DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Village of Hickory Hills
8652 West 95th Street
Hickory Hills, Illinois 60457-1799

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

M. Anne Hannigan
Attorney at Law
777 N. Michigan Avenue Suite 3009
Chicago, Illinois 60611

an answer to the complaint which is herewith served upon you, within _____ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

(By) DEPUTY CLERK

APR 09 2008

DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>4/11/08</u>	
NAME OF SERVER (PRINT) <u>M. Anne Hannigan</u>	TITLE <u>Attorney</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<p>G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p>G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>G Returned unexecuted: _____</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</p> <p style="text-align: right; font-weight: bold;">MAY 23 2008 TC</p> <p style="text-align: right; font-weight: bold;">5-23-2008</p> <p style="text-align: right; font-weight: bold;">MICHAEL W. DOBINS</p> <p style="text-align: right; font-weight: bold;">CLERK, U.S. DISTRICT COURT</p> <p>G Other (specify): <u>Certified MAIL Return Receipt Requested</u></p> <p>_____</p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>4/11/08</u> <u>M. Anne Hannigan</u></p> <p style="text-align: center;">Date Signature of Server</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">777 N. Michigan #3009</p> <p style="text-align: center;">Address of Server</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Chicago IL 60611</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Village of Hickory Hill 8652 W. 95TH Hickory Hills, IL 60157-1799</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5/11/08</i></p>	
<p>2. Article Number (Transfer from service label) 7007 3020 0001 6582 0281</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

102605-02-M-1540